(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP Arizona

State:

Section A. Verification Procedures for Factors of Eligibility

	Section A. ve	erification Pr	ocedures for Factors o	i Eligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	Explanatio n from the	n Required	Comments
Income*	NO	NO	YES	Both are above, at or below the applicable income standard. Other (Specify in Comments)	N/A	YES	YES	If the individual attests to income below the applicable standard, but the data sources indicate income above the applicable standard, a reasonable explanation/paper documentation will be requested. If the individual attests to income above the applicable standard and data source indicates income below the standard, accept the customer's attestation and screen for APTC. State will utilize the Federal Data Service Hub (FDSH) for some income but not the IRS. For additional information, see the attached Health-e-Arizona Plus Application Questions to Clarify Income Inconsistencies pdf and ArizonaTable pdf.
Residency	NO	NO	YES	N/A	N/A	NO	VEC	Request documentation if residency cannot be verified electronically
Age (Date of Birth)	NO	NO	YES	N/A	N/A	NO	VEC	Verify age only when there is a discrepancy that affects eligibility between electronic data from the Federal hub, State hub and State Eligiblity Determination Systems and the attestation.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	n from the	Paper Documentatio n Required from the Individual (Y/N)	Comments
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	I γ⊦\	Request documentation if the SSN cannot be verified through the Federal Hub.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	I γ⊦\	Request documentation if citizenship cannot be verified through the Federal or State Hub.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	I γ⊦\	Request documentation if immigration status cannot be verified through the Federal or State Hub.
Household Composition	YES	NO	YES	N/A	N/A	NO	YES	Verify household composition when there is a discrepancy between the State's eligibility determination system and the attestation. State only uses internal data sources (previous records and not external data source). If not known to the internal data sources, will accept self-attestation.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	Request verification only if the state has information that is not consistent with the attestation. For example, medical records indicate that the woman was sterilized.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	e Explanatio n from the	Paper Documentatio n Required from the Individual (Y/N)	Comments
Caretaker Relative	YES	NO	YES	N/A	N/A	NO	YES	Verify only when there is a discrepancy between the State's Eligibility Determination System and the attestation. State only uses internal data sources (previous records and not external data source). If not known to the internal data sources, will accept selfattestation.
Medicare	NO	NO	YES	N/A	N/A	NO	YES	Request documentation only if it cannot be verified electronically.
Application for Other Benefits	NO	NO	YES	N/A	N/A	NO	YES	
Other: (Please describe any other eligibility factors in the space below)								

States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

^{**} States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

^{***} States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State:

Arizona

Section B1. Use of Electronic Data Sources

Financial:												
Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollmer t (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
1. Internal Revenue Service (IRS)							_					IRS security requirements and safeguards are too stringent. In addition, FTI data will be at least a year to 18 months old.
	NO	NO	NO	YES	YES	YES	NO	NO	NO	NO		
2. Social Security Administration (SSA) (SSI,												
Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	NO	YES	NO	YES	YES	YES		This source is considered only if more current data from The Work Number is not available. This source will be accessed every 6 months for households who report no income. It will also be accessed when employment is reported. Once implemented and we have had a period of time to collect data, we will evaluate the effectiveness of the 6 month post-enrollment check to determine if a more frequent check is needed and may change the frequency.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	This source will be accessed when loss of employment is reported. It will also be accessed monthly for those who have filed an application for unemployment benefits.
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		There is no SPP program in Arizona
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		There is no GA program in Arizona
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO		Arizona will have an integrated eligiblity system including Medicaid, CHIP, SNAP and TANF. The Yes in the Other column represents this. Can be used for raw income data (distinct from MAGI).

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollmen t (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO		Arizona will have an integrated eligiblity system including Medicaid, CHIP, SNAP and TANF. The Yes in the Other column represents this. Can be used for raw income data (distinct from MAGI).
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Child Support is not countable income under MAGI.
10. State Income Tax	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO		Due to no change in the state statute, this source cannot be used at this time (and can't be used Oct 1).
11. Commercial database: (Pease describe any commercial databases in the space below)												
The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES		Because the data in The Work Number is more current than data from anyother source, it is considered primary to SWICA. This source will be accessed when employment is reported and every 6 months for households who report no income. Once implemented and we have had a period of time to collect data, we will evaluate the effectiveness of the 6 month post-enrollment check to determine if a more frequent check is needed and may change the frequency. State plans to use source via the FDSH on Day 1 but is also part of the State Hub.
12. Other: (Please describe any additional												
electronic data sources in the space below)												
State New Hire	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO		Used post-enrollment when new employment is reported but not at a regular frequency.

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)		Data Source Used at Renew al (Y/N)	I POST-	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
Existing information in State Eligibility Determination Systems	YES	NO	YES	YES	NO	NO	NO	YES	YES	NO		Data source containing previous application data. We will have data from previous applications, non-MAGI Medicaid eligibility such as ABD populations, Medicaid Buy-In program, Breast & Cervical Cancer Treatment Program, etc. If a case already exists and a new application is being made, we will compare the previous data to the new application for inconsistencies in income. Can be used for raw income data (distinct from MAGI).
PARIS	YES	YES	YES	YES	NO	NO	NO	NO	NO	YES	Quarterly	VA income

^{1.} The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Arizona

Section B2. Use of Electronic Data Sources

Non-Financial:

Non i manciai.																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	Frequency	Comments
Social Security Administration (SSA)	YES	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	NO	YES	YES	NO		Will only be used for Medicare, Residency at Renewal. Will be used for application for potential benefits at application and renewal.
Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		
3. Vital Statistics	YES	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO		
 Department of Motor Vehicles (DMV) 	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
5. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	NO		Arizona will have an integrated eligiblity determination system including Medicaid, CHIP, SNAP and TANF. If the eligibility factor has been verified for SNAP or TANF, will not reverify. For citizenship and immigration status will only use the verification if it meets the same standards as Medicaid. Will only use for SSN if the SSN has been verified with SSA.
6. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO	NO	NO	YES	YES	NO		Arizona will have an integrated eligiblity determination system including Medicaid, CHIP, SNAP and TANF. If the eligibility factor has been verified for SNAP or TANF, will not reverify. For citizenship and immigration status will only use the verification if it meets the same standards as Medicaid. Will only use for SSN if the SSN has been verified with SSA.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Arizona does not have a GA program
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Due to no change in the state statute, this source cannot be used at this time (and not by Oct. 1).
11. Commercial database: (Please describe any commercial databases in the space below)										I	I				I		

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
13. Other: (Please describe additional electronic data sources in the space provided below)																	
12. PARIS*	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	YES	YES	NO	NO	YES		When change in residency is reported by PARIS and for VA benefits
Existing information in State Eligibility Determination Systems	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	YES	YES	NO		We will have data from previous applications, non-MAGI Medicaid eligibility such as ABD populations, Medicaid Buy-In program, Breast & Cervical Cancer Treatment Program, etc. If a case already exists and a new application is being made, we will compare the previous data to the new application for inconsistencies in household composition, relationships, etc.

^{*} Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Arizona

Section C . Additional Factors of Eligibility for Separate CHIP

			<u> </u>			
Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
Applicant does not have other coverage	NO	NO	YES	YES	Must be Applied	Arizona will use its TPL Contractor to verify health insurance enrollment. Paper documentation will be required only if needed and can't be verified by the TPL Contractor. The contractor will be called directly to resolve and only in rare instances paper documentation is needed.
2. Applicant does not have access to affordable ESI	NO	NO	NO	NO	N/A	
3. When child has had coverage (as applicable to states' waiting period)	NO	NO	YES	YES		Arizona will use its TPL Contractor to verify health insurance termintion date. Paper documentation will be required only if needed and can't be verified by the TPL Contractor. The contractor will be called directly to resolve and only in rare instances paper documentation is needed.
4. Access to public employee coverage	NO	NO	NO	NO		Request verification only if questionable such as state employment identified by The Work Number.
5a. Waiting period exception #1 (describe):	NO	NO	YES	YES		Involuntary termination of employment. Arizona will verify this electronically through The Work Number, SWICA and UI. Non-electronic verification will be required only if electronic verification is not available; for example, lost employment in another state

Eligibility Factor	Self- Attestation Accepted without	Self- Attestation Accepted with Post-	Electronic Data Source Used (Y/N) If Yes, please	Paper Documentatio n Required from the	Non- Applicabl	Comments
	Additional Verification	Enrollment Verification (Y/N)	describe in comments	Individual (Y/N)	e (N/A)	
5b. Waiting period exception						Lost other government funded coverage. This will be verified electonically through the State's
#2 (describe):	NO	NO	YES	YES		eligibility determination system. Paper documentation will be required only when electronic data is not available (e.g. loss of coverage in another state). The government entity will be called directly to resolve and only in rare instances paper documentation is needed.
5c. Waiting period exception #3 (describe):	YES	NO	NO	NO		Chronically or seriously ill
5d. Waiting period exception					N/A	
#4 (describe):					14//	
5e. Waiting period exception#5 (describe):					N/A	
5f. Waiting period exception #6 (describe):					N/A	
5g. Waiting period exception #7 (describe):					N/A	
5h. Waiting period exception #8 (describe):					N/A	
5i. Waiting period exception #9 (describe):					N/A	
5j. Waiting period exception					21/2	
#10 (describe):					N/A	
6. Other eligibility factors or						
exceptions to eligibility						
factors: (Please describe in the						
space provided below)						

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments	
Resident of a Public Institution	NO	NO	YES	NO		This would include both penal institutions and Institutions for Mental Disease. For Penal Institutions, Arizona will electronically match with the Arizona Department of Corrections and the County Jails.	

MAGI-BASED ELIGIBILITY VERIFICATION PLAN						
(Insert M	ledicaid, CHIP, or Both)	Medicaid & CHIP				
State:		Arizona				
	Section D. Additional Verification Questions					
	Question	Response				
	If paper documentation is required when a data source is not	The state accepts self-attestation without additional verification for some				
	available or the information obtained from a data source is not	factors of eligibility. For those that it doesn't the state uses all available				
	reasonably compatible with the information provided by or on behalf	electronic data sources, including Vital Statistics as a back-up for citizenship.				
	of the individual, briefly describe how the state determined that	For factors that can be verified with electronic data, non-electronic verification				
1	establishing and using an electronic data source was not effective,	is requested only if questionable or not reasonably compatible. The state tries				
1	considering such factors as cost and program integrity in accordance	to resolve inconsistencies with follow-up questions and reasonable				
	with 42 CFR 435.952(c):	explanations prior to requesting paper documentation.				
	Please describe how the state uses PARIS?	Interstate residency check for leads on out-of-state moves				
2		VA match for leads on VA income and benefits				
_		Arizona is also working on using PARIS to provide leads on federal pensions				
		and benefits.				
3	Please indicate (YES) or (NO) if the State intends to request					
	Secretarial approval to solely use alternative data sources for	NO				
financial verification other than those listed in 42 CFR 435.948						
	(Numbers 1-8 in Section B-1).					

	Question	Response
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	Please note the following Attachments: • Arizona Clarifying Questions • Arizona Table

Section A. Additional Comments		
Section B1. Additional Comments		
Section B2. Additional Comments		
Section C. Additional Comments		